

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

4311

2. Fiscal Year Covered From:

01 / 01 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name

TIMOTHY J. DONNIGAN

P.O. Box, Bldg., Room No., if any

P.O. Box 609

Street

150 SOUTH ARTHUR Room 315

City

POCATELLO

State

IDAH0

ZIP Code + 4

83204-0609

4. Name, file number, and address of labor organization.

Name

BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND  
TRAIN MEN

Labor Organization File Number

56003

031119

P.O. Box, Building and Room Number, if any

P.O. Box 609

Street

150 SOUTH ARTHUR Room 315

City

POCATELLO

State

IDAH0

ZIP Code + 4

83204-0609

5. Position in labor organization.

GENERAL CHAIRMAN - WESTERN REGION

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy J. Donnigan

On

01/28/06

Date

(208) 232-0292

Telephone Number

Name of Person Filing <i>Timothy J. Donwiban</i>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

SEE ATTACHMENT "A"

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**Attachment "A"**  
**Form LM-30 (Labor Organization Officer and Employee Report)**  
**Fiscal Year: 01/01/2005 thru 12/31/2005**

Reporting Labor Organization: Brotherhood of Locomotive Engineers and Trainmen (BLET-WRGCA)  
Labor Organization Officer: Timothy J. Donnigan (General Chairman)  
5-digit OLMS File Number: None available at this time  
Organization File Number: 26003  
Ending Date of Reporting Period: 12/31/2005

\*The purpose of this Attachment "A" is to furnish additional itemized information pertaining to Part C (Items 13.a., 13.b., 14.a., and 14.b.) of the Form LM-30 report. Aggregate value of multiple gifts received during 2005 may have exceeded \$250. See OLMS advisory regarding Form LM-30 ("de minimis exemption") issued 11/07/05. The information shown below reflects the best good-faith estimate of value and occasion based upon personal recollection.

**"C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value."

13.a. Name and address of Business (including trade name, if any).

Name: Joseph J. Weninger (*The Crow Law Firm*)  
Trade Name, if any: Union's designated legal counsel – FELA Attorney(s)  
P.O. Box, Bldg., Room No., if any:  
Street: 700 E Street  
City, State and Zip Code + 4: Sacramento, California 95814-1230

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.a. Nature of payment.

04/06/05 – group dinner, banquet, etc., in conjunction with a Union function.

14.b. Amount of payment.

Exceeded \$25 based upon good-faith estimate.

\* \* \* \* \*

13.a. Name and address of Business (including trade name, if any).

Name: John P. Kujawski (*Kujawaski & Nowak, P.C.*)  
Trade Name, if any: Union's designated legal counsel – FELA Attorney(s)  
P.O. Box, Bldg., Room No., if any:  
Street: 1331 Park Plaza Drive, Suite 2  
City, State and Zip Code + 4: O'Fallon, Illinois 62269-1764

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.a. Nature of payment.

04/12/05 – group dinner, banquet, etc., in conjunction with a Union function.

14.b. Amount of payment.

Exceeded \$25 based upon good-faith estimate.

\* \* \* \* \*

13.a. Name and address of Business (including trade name, if any).

Name:	Paul S. Bovarnick ( <i>Rose, Senders &amp; Bovarnick, L.L.P.</i> )
Trade Name, if any:	Union's designated legal counsel – FELA Attorney(s)
P.O. Box, Bldg., Room No., if any:	
Street:	1205 N.W. 25 <sup>th</sup> Avenue
City, State and Zip Code + 4:	Portland, Oregon 97210

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.a. Nature of payment.

07/18/05 – group dinner, banquet, etc., in conjunction with a Union function.

14.b. Amount of payment.

Exceeded \$25 based upon good-faith estimate.

\* \* \* \* \*

13.a. Name and address of Business (including trade name, if any).

Name:	Group of designated legal counsel for the BLET
Trade Name, if any:	Union's designated legal counsel – FELA Attorneys
P.O. Box, Bldg., Room No., if any:	
Street:	
City, State and Zip Code + 4:	

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.a. Nature of payment.

10/19/05 and 10/20/05 – group dinner, banquet, etc., in conjunction with a Union function.

14.b. Amount of payment.

Exceeded \$25 based upon good-faith estimate.

\* \* \* \* \*